

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Herman et al.

Group No.: Unknown

Serial No.: Unknown

Examiner: Unknown

Filed: Herewith

For: Systems and Methods for Removing Viral Agents from Blood

Assistant Commissioner for Patents  
Washington, D.C. 20231

## ASSOCIATE POWER OF ATTORNEY (37 CFR 1.34)

Please recognize as Associate Attorneys in this case:

Bradford R.L. Price, Jr. (Reg. No. 29,101)  
Baxter Healthcare Corporation  
PO Box 490 (RLP-30)  
Route 120 and Wilson Road  
Round Lake, IL 60073  
Phone: (847) 270 - 2632

Michael Mayo (Reg. No. 38,545)  
Baxter Healthcare Corporation  
PO Box 490 (RLP-30)  
Route 120 and Wilson Road  
Round Lake, IL 60073  
Phone: (847) 270 - 2826

and

Amy Rockwell (Reg. No. 32,094)  
Baxter Healthcare Corporation  
PO Box 490 (RLP-30)  
Route 120 and Wilson Road  
Round Lake, IL 60073  
Phone: (847) 270 - 4036

NOTE: Correspondence will be had with the associate attorney, unless the principal attorney directs otherwise. MPEP § 403.01.

NOTE: An associate attorney may not appoint another attorney. MPEP § 402.02

Reg. No.: 29,243

Tel. No.: (262) 783 - 1300

(Signature of Principal Attorney of Record)

Daniel D. Ryan

(Type or print name of attorney)

RYAN KROMHOLZ &amp; MANION, S.C.

(P.O. Address)

Post Office Box 26618

Milwaukee, Wisconsin 53226

0958809-101300

**COMBINED DECLARATION AND POWER OF ATTORNEY  
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP)**

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

- ☒ original  
☐ design  
☐ supplemental

**NOTE:** If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

**NOTE:** If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

**WARNING:** If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

Systems and Methods for Removing Viral Agents from Blood

**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto as filed on October 28, 1996, as Serial No. 08/742,572, and the allowed claims of which are attached.
- (b) ☐ was filed on \_\_\_\_\_ as ☐ Serial No. 09/ \_\_\_\_\_ or ☐ Express Mail No., as Serial No. not yet known \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

**NOTE:** Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

(Declaration and Power of Attorney [1-1]-page 1 of 5)

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# ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

## PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☒ no such applications have been filed.
- (e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

### A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

**NOTE:** If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

Daniel D. Ryan, Reg. No. 29,243  
Joseph A. Kromholz, Reg. No. 34,204  
John M. Manion, Reg. No. 38,957  
Allan O. Maki, Reg. No. 20,623  
Paul R. Puerner, Reg. No. 18,427

Arnold J. Ericson, Reg. No. 16,879  
Ralph G. Hohenfeldt, Reg. No. 17,717  
Patricia Jones, Reg. No. P-46,318  
Daniel R. Johnson, Reg. No. P-46,204

*(check the following item, if applicable)*

- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

**SEND CORRESPONDENCE TO**

Bradford R. L. Price, Esquire  
Baxter Healthcare Corporation  
Fenwal Division. RLP-30  
P. O. Box 490  
Route 120 and Wilson Road  
Round Lake, Illinois 60073

**DIRECT TELEPHONE CALLS TO:**  
(Name and telephone number)

Bradford R. L. Price  
(847) 270-2632

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

ROBERT (GIVEN NAME) E. (MIDDLE INITIAL OR NAME) HERMAN (FAMILY (OR LAST NAME))  
 Inventor's signature *Robert E. Herman*  
 Date 1/6/2000 Country of Citizenship USA REH 1/6/2000  
 Residence LINDENHURST, ILLINOIS  
 Post Office Address 542 NORTHGATE ROAD 1030 # BELDEN LANE  
LINDENHURST, ILLINOIS

Full name of second joint inventor, if any

JOHN (GIVEN NAME) (MIDDLE INITIAL OR NAME) CHAPMAN (FAMILY (OR LAST NAME))  
 Inventor's signature *John Chapman*  
 Date 1-3-2000 Country of Citizenship USA  
 Residence LAKE VILLA, ILLINOIS  
 Post Office Address 67 KEVIN AVENUE  
LAKE VILLA, ILLINOIS 60046

Full name of third joint inventor, if any

CHONG-SON (GIVEN NAME) (MIDDLE INITIAL OR NAME) SUN (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship USA  
 Residence LAKE FOREST, ILLINOIS  
 Post Office Address 530 GOLF LANE  
LAKE FOREST, ILLINOIS 60045

Full name of fourth joint inventor, if any

JEAN (GIVEN NAME) M. (MIDDLE INITIAL OR NAME) MATHIAS (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship BELGIUM  
 Residence LILLOIS, BELGIUM  
 Post Office Address AVENUE DU TONNELIER 46  
1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

VERONIQUE (GIVEN NAME) (MIDDLE INITIAL OR NAME) MAYAUDON (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship BELGIUM  
 Residence ESTINNES, BELGIUM  
 Post Office Address RUE DES TRIEX 56  
7120 ESTINNES, BELGIUM

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**SIGNATURE(S)**

**NOTE:** Carefully indicate the family name as it should appear on the filing receipt and all other documents.

**Full name of sole r first inventor**

**ROBERT** \_\_\_\_\_ **E.** \_\_\_\_\_ **HERMAN** \_\_\_\_\_  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship **USA**  
Residence **LINDENHURST, ILLINOIS**  
P st Office Address **542 NORTHGATE ROAD**  
**LINDENHURST, ILLINOIS**

Full name of second joint inventor, if any

JOHN  
(GIVEN NAME)  
Inventor's signature  
Date 1-3-2000  
Residence  
Post Office Address  
Country of Citizenship USA  
LAKE VILLA, ILLINOIS  
67 KEVIN AVENUE  
LAKE VILLA, ILLINOIS 60046  
CHAPMAN  
FAMILY (OR LAST NAME)

**Full name of third joint inventor, if any**

Full name of third joint inventor, if any:

CHONG-SON		SUN
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date	Country of Citizenship	USA
Residence	LAKE FOREST, ILLINOIS	
Post Office Address	530 GOLF LANE	
	LAKE FOREST, ILLINOIS 60045	

**Full name of fourth joint inventor, if any**

Full name of fourth joint inventor, if any: JEAN M. MATHIAS  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship BELGIUM  
 Residence LILLOIS, BELGIUM  
 Post Office Address AVENUE DU TONNELIER 46  
1428 LILLOIS, BELGIUM

**Full name of fifth joint inventor, if any**

Full name of first joint inventor: VERONIQUE MAYAUDON  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship BELGIUM  
Residence ESTINNES, BELGIUM  
Post Office Address RUE DES TRIEUX 56  
7120 ESTINNES, BELGIUM

## SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

ROBERT \_\_\_\_\_ E. \_\_\_\_\_ HERMAN \_\_\_\_\_  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship USA  
 Residence LINDENHURST, ILLINOIS  
 Post Office Address 542 NORTHGATE ROAD  
 LINDENHURST, ILLINOIS

Full name of second joint inventor, if any

JOHN \_\_\_\_\_ CHAPMAN \_\_\_\_\_  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
 Inventor's signature \_\_\_\_\_  
 Date 1-3-2000 Country of Citizenship USA  
 Residence LAKE VILLA, ILLINOIS  
 Post Office Address 67 KEVIN AVENUE  
 LAKE VILLA, ILLINOIS 60046

Full name of third joint inventor, if any

CHONG-SON \_\_\_\_\_ SUN \_\_\_\_\_  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
 Inventor's signature \_\_\_\_\_  
 Date 1-7-2000 Country of Citizenship USA  
 Residence LAKE FOREST, ILLINOIS  
 Post Office Address 530 GOLF LANE 1051 Highland Ave. CS 1/1/00  
 LAKE FOREST, ILLINOIS 60045

Full name of fourth joint inventor, if any

JEAN \_\_\_\_\_ M. \_\_\_\_\_ MATHIAS \_\_\_\_\_  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship BELGIUM  
 Residence LILLOIS, BELGIUM  
 Post Office Address AVENUE DU TONNELIER 46  
 1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

VERONIQUE \_\_\_\_\_ MAYAUDON \_\_\_\_\_  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship BELGIUM  
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## SIGNATURE(S)

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Full name of sole or first inventor

ROBERT (GIVEN NAME) E. (MIDDLE INITIAL OR NAME) HERMAN (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship USA  
 Residence LINDENHURST, ILLINOIS  
 Post Office Address 542 NORTHGATE ROAD  
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 Date \_\_\_\_\_ Country of Citizenship USA  
 Residence LAKE FOREST, ILLINOIS  
 Post Office Address 530 GOLF LANE  
 LAKE FOREST, ILLINOIS 60045

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JEAN (GIVEN NAME) M. (MIDDLE INITIAL OR NAME) MATHIAS (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date 13 JANUARY 2000 Country of Citizenship BELGIUM  
 Residence LILLOIS, BELGIUM  
 Post Office Address AVENUE DU TONNELIER 46  
 1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

VERONIQUE (GIVEN NAME) (MIDDLE INITIAL OR NAME) MAYAUDON (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship BELGIUM  
 Residence ESTINNES, BELGIUM  
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 7120 ESTINNES, BELGIUM



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Full name of sole or first inventor

ROBERT (GIVEN NAME) E. (MIDDLE INITIAL OR NAME) HERMAN (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship USA  
 Residence LINDENHURST, ILLINOIS  
 Post Office Address 542 NORTHGATE ROAD  
 LINDENHURST, ILLINOIS

Full name of second joint inventor, if any

JOHN (GIVEN NAME) (MIDDLE INITIAL OR NAME) CHAPMAN (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date 1-3-2000 Country of Citizenship USA  
 Residence LAKE VILLA, ILLINOIS  
 Post Office Address 67 KEVIN AVENUE  
 LAKE VILLA, ILLINOIS 60046

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CHONG-SON (GIVEN NAME) (MIDDLE INITIAL OR NAME) SUN (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship USA  
 Residence LAKE FOREST, ILLINOIS  
 Post Office Address 530 GOLF LANE  
 LAKE FOREST, ILLINOIS 60045

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JEAN (GIVEN NAME) M. (MIDDLE INITIAL OR NAME) MATHIAS (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship BELGIUM  
 Residence LILLOIS, BELGIUM  
 Post Office Address AVENUE DU TONNELIER 46  
 1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

VERONIQUE (GIVEN NAME) (MIDDLE INITIAL OR NAME) MAYAUDON (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date 7 Jan 2000 Country of Citizenship BELGIUM  
 Residence ESTINNES, BELGIUM  
 Post Office Address RUE DES TRIEUX 56  
 7420 ESTINNES, BELGIUM

VM 7-1-00

FRANCE

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CHECK PROPER BOX. FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH  
FORM A PART OF THIS DECLARATION

☐ Signature for sixth and subsequent joint inventors. Number of pages added 1

\* \* \*

☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added \_\_\_\_\_

\* \* \*

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added \_\_\_\_\_

\* \* \*

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

☐ Number of pages added \_\_\_\_\_

\* \* \*

☐ Authorization of attorney(s) to accept and follow instructions from representative

\* \* \*

*(If no further pages form a part of this declaration then end this declaration with this page and check the following item:)*

☐ This declaration ends with this page

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**Full name of sole or sixth inventor**

(MIDDLE INITIAL OR NAME)  
Sungde Chulokun:

**DANIEL**  
(GIVEN NAME)

**J.**  
(MIDDLE INITIAL OR NAME)

**BISCHOF**  
FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship **USA**

Residence **McHENRY, ILLINOIS**

Post Office Address **4913 RAINTREE COURT**  
**McHENRY, ILLINOIS 60050**

[illegible]

## SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing and all other documents.

Full name of sole or sixth inventor

SERGE  
 (GIVEN NAME)

(MIDDLE INITIAL OR NAME)

de GHELDERE  
 FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship BELGIUM

Residence HOEILAART, BELGIUM

Post Office Address WAVERSESTEENWEG 101  
HOEILAART - 1560, BELGIUM

Full name of seventh joint inventor, if any

DANIEL  
 (GIVEN NAME)

S. F.  
 (MIDDLE INITIAL OR NAME)

BISCHOF  
 FAMILY (OR LAST NAME)

Inventor's signature *Daniel S. F. Bischof*

Date 1/6/00 Country of Citizenship USA

Residence McHENRY, ILLINOIS

Post Office Address 4913 RAINTREE COURT  
McHENRY, ILLINOIS 60050

Full name of eighth joint inventor, if any

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Attorney's Docket No. F-5076

COMBINED DECLARATION AND POWER OF ATTORNEY  
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

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☐ supplemental

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- ☐ national stage of PCT

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☐ continuation-in-part (CIP)

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*Systems and Methods for Removing Viral Agents from Blood*

## SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

- (a) ☐ is attached hereto.  
 (b) ☒ was filed on October 28, 1996 as ☒ Serial No. 08/ 742,572  
 or ☐ Express Mail No., as Serial No. not yet known \_\_\_\_\_  
 and was amended on \_\_\_\_\_ (if applicable).

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- (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_  
 and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

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I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

*(also check the following item, if desired)*

- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

### PRIORITY CLAIM (35 U.S.C. § 119)

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*(complete (d) or (e))*

- (d) ☒ no such applications have been filed.
- (e) ☐ such applications have been filed as follows.

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#### A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. S 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUM- BER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Ralph G. Hohenfeldt (17,717)  
Daniel D. Ryan (29,243)

Allan O. Maki (20,623)  
Philip P. Mann (30,960)

(check the following item, if applicable)

- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Bradford R.L. Price, Esquire  
Baxter Healthcare Corporation  
Fenwal Division. RLP-30  
P.O. Box 490  
Route 120 and Wilson Road  
Round Lake, Illinois 60073

DIRECT TELEPHONE CALLS TO:  
(Name and telephone number)

Bradford R.L. Price  
(847) 270 - 2632

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

ROBERT (GIVEN NAME) E. (MIDDLE INITIAL OR NAME) HERMAN (FAMILY (OR LAST NAME))  
 Inventor's signature *x Robert E. Herman*  
 Date *June 9, 1997* Country of Citizenship \_\_\_\_\_  
 Residence LINDENHURST, ILLINOIS  
 Post Office Address 542 NORTHGATE ROAD  
 LINDENHURST, IL 60046

Full name of second joint inventor, if any

JOHN (GIVEN NAME) (MIDDLE INITIAL OR NAME) CHAPMAN (FAMILY (OR LAST NAME))  
 Inventor's signature *x John Chapman*  
 Date *6/9/97* Country of Citizenship USA  
 Residence LAKE VILLA, ILLINOIS  
 Post Office Address 67 KEVIN AVENUE  
 LAKE VILLA, ILLINOIS 60046

Full name of third joint inventor, if any

CHONG-SON (GIVEN NAME) (MIDDLE INITIAL OR NAME) SUN (FAMILY (OR LAST NAME))  
 Inventor's signature *x Chong-son Sun*  
 Date *6/10/97* Country of Citizenship \_\_\_\_\_  
 Residence LAKE FOREST, ILLINOIS  
 Post Office Address 530 GOLF LANE  
 LAKE FOREST, ILLINOIS 60045

Full name of fourth joint inventor, if any

JEAN (GIVEN NAME) M (MIDDLE INITIAL OR NAME) MATHIAS (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship BELGIUM  
 Residence LILLOIS, BELGIUM  
 Post Office Address AVENUE DU TONNELIER 46  
 1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

VERONIQUE (GIVEN NAME) (MIDDLE INITIAL OR NAME) MAYAUDON (FAMILY (OR LAST NAME))  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship BELGIUM  
 Residence ESTINNES, BELGIUM  
 Post Office Address RUE DES TRIEUX 56  
 7120 ESTINNES, BELGIUM

09688079 "1013000



# SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

ROBERT  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) HERMAN  
FAMILY (OR LAST NAME)  
Inventor's signature  
Date Country of Citizenship  
Residence  
Post Office Address

Full name of second joint inventor, if any

JOHN  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) CHAPMAN  
FAMILY (OR LAST NAME)  
Inventor's signature  
Date Country of Citizenship USA  
Residence LAKE VILLA, ILLINOIS  
Post Office Address 67 KEVIN AVENUE  
LAKE VILLA, ILLINOIS 60046

Full name of third joint inventor, if any

CHONG  
(GIVEN NAME) S (MIDDLE INITIAL OR NAME) SUN  
FAMILY (OR LAST NAME)  
Inventor's signature  
Date Country of Citizenship  
Residence LAKE FOREST, ILLINOIS  
Post Office Address 530 GOLF LANE  
LAKE FOREST, ILLINOIS 60045

Full name of fourth joint inventor, if any

JEAN  
(GIVEN NAME) M (MIDDLE INITIAL OR NAME) MATHIAS  
FAMILY (OR LAST NAME)  
Inventor's signature  
Date 13 MAY 1997 Country of Citizenship BELGIUM  
Residence LILLOIS, BELGIUM  
Post Office Address AVENUE DU TONNELIER 46  
1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

VERONIQUE  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) MAYAUDON  
FAMILY (OR LAST NAME)  
Inventor's signature  
Date Country of Citizenship FRANCE  
Residence GOEGNIES-CHAUSSEE, FRANCE  
Post Office Address RUE PASTEUR 58  
GOEGNIES-HAUSSEE, FRANCE F-59600

## SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

ROBERT \_\_\_\_\_ HERMAN \_\_\_\_\_  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Post Office Address \_\_\_\_\_

Full name of second joint inventor, if any

JOHN \_\_\_\_\_ CHAPMAN \_\_\_\_\_  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship USA  
 Residence LAKE VILLA, ILLINOIS  
 Post Office Address 67 KEVIN AVENUE  
 LAKE VILLA, ILLINOIS 60046

Full name of third joint inventor, if any

CHONG \_\_\_\_\_ S \_\_\_\_\_ SUN \_\_\_\_\_  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
 Residence LAKE FOREST, ILLINOIS  
 Post Office Address 530 GOLF LANE  
 LAKE FOREST, ILLINOIS 60045

Full name of fourth joint inventor, if any

JEAN \_\_\_\_\_ M \_\_\_\_\_ MATHIAS \_\_\_\_\_  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_ Country of Citizenship BELGIUM  
 Residence LILLOIS, BELGIUM  
 Post Office Address AVENUE DU TONNELIER 46  
 1428 LILLOIS, BELGIUM

Full name of fifth joint inventor, if any

VERONIQUE \_\_\_\_\_ MAYAUDON \_\_\_\_\_  
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
 Inventor's signature *XV. 97* \_\_\_\_\_  
 Date *22 April 97* \_\_\_\_\_ Country of Citizenship FRANCE  
 Residence GORGNIES-CHAUSSEE, FRANCE  
 Post Office Address RUE PASTEUR 58  
 GORGNIES-HAUSSEE, FRANCE F-59600

[illegible]

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SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sixth joint inventor, if any

SERGE (GIVEN NAME) de GHELDERE (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
Inventor's signature [Signature]  
Date 24 April '97 Country of Citizenship BELGIUM  
Residence HOEILAART, BELGIUM  
Post Office Address WAVERSESTEENWEG 101  
HOEILAART - 1560, BELGIUM

Full name of seventh joint inventor, if any

DANIEL (GIVEN NAME) J (MIDDLE INITIAL OR NAME) BISCHOF FAMILY (OR LAST NAME)  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship USA  
Residence McHENRY, ILLINOIS  
Post Office Address 4913 RAINTREE COURT  
McHENRY, ILLINOIS 60050

Full name of eighth joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

**SIGNATURE(S)**

**NOTE:** Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

**Full name of sixth joint inventor, if any**

SERGE

**(GIVEN NAME)**

(MIDDLE INITIAL OR NAME)

de Gheldere

**FAMILY (OR LAST NAME)**

**Inventor's signature**

Date \_\_\_\_\_

~~Country of Citizenship~~ BELGIUM

BELGIUM

## Residence

**Waversesteenweg 101**

**Post Office Address**

HOEILAART - 1560

**BELGIUM**

Full name of seventh joint inventor, if any

DANIEL

**(GIVEN NAME)**

F.

(MIDDLE INITIAL OR NAME)

BISCHOF

FAMILY (OR LAST NAME)

Inventor's signature

**Date**Country of Citizenship USAUSA

## Residence

McHENRY, ILLINOIS

**Post Office Address**

4913 RAINTREE COURT

McHENRY, ILLINOIS 60050

**Full name of eighth joint inventor, if any**

**(GIVEN NAME)**

(MIDDLE INITIAL OR NAME)

**FAMILY (OR LAST NAME)**

**Inventor's signature**

Date \_\_\_\_\_

Country of Citizenship

## Residence

**Post Office Address**

Jc813 U.S. PTO  
09/688079  
10/13/00

Serial No. (1) 08/742,572

Filed (1) 10/28/1996

In consideration of ONE DOLLAR and other good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, we hereby assign to BAXTER INTERNATIONAL INC. (hereinafter referred to as "assignee"), a corporation of Delaware, having a principal place of business at DEERFIELD, ILLINOIS, its successors, legal representatives and assigns, the entire right, title and interest throughout the world in our invention or improvements in

(2) SYSTEMS AND METHODS FOR REMOVING VIRAL AGENTS FROM BLOOD

and in the application for Letters Patent of the United States therefor, executed by each of us individually on the date(s) indicated below and any and all other United States applications and applications in any and all countries which we may file, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent of the United States or of any other country which may be obtained on any of the said applications, and in any reissue or extension thereof.

We hereby authorize and request the Commissioner of Patents to issue said Letters Patent to said BAXTER INTERNATIONAL INC. We hereby authorize and request the attorneys of record in said application to insert in this assignment the date and serial number of said application when officially known.

We warrant ourselves to be the owners of the interest herein assigned and to have the right to make this assignment; and further warrant that there are no outstanding prior assignments, licenses, or other rights in the interest herein assigned.

For said considerations we hereby agree, upon the request and at the expense of said assignee, its successors, legal representatives and assigns, to execute any and all divisional, continuation, and renewal applications for said invention or improvements, and any necessary oath or supplemental oath or affidavit relating thereto, and any application for the reissue or extension of any Letters Patent that may be granted upon said application that said assignee, its successors, legal representatives and assigns may deem necessary or expedient, and for the said considerations we further agree, upon the request of said assignee, its successors, legal representatives and assigns, in the event of said application or any division thereof, or Letters Patent issued thereon, or any reissue or application for the reissue thereof becoming involved in interference, to cooperate to the best of our ability with said assignee, its successors, legal representatives and assigns in the matters of preparing and executing the preliminary statement and giving and producing evidence in support thereof. We further agree to perform, upon such request, any and all affirmative acts to obtain Letters Patent, and vest all rights therein hereby conveyed in the said assignee, its successors, legal representatives and assigns whereby said Letters Patent will be held and enjoyed by the said assignee, its successors, legal representatives and assigns to the end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held and enjoyed by us if this assignment and sale had not been made, and for the said considerations we hereby also assign to said assignee, its successors, legal representatives and assigns the entire right, title and interest in said invention or improvements for any and all foreign countries and the right of priority for patent and utility model applications in all countries arising under any applicable international convention for the protection of industrial property and/or any internal priority legislation of such countries, and we further agree upon the request of said assignee, its successors, legal representatives and assigns to execute any and all documents that shall be required to be executed in connection with any and all applications for foreign Letters Patent therefor, including the prosecution thereof, and to execute any and all documents necessary to invest title in said foreign applications and patents in said assignee.

WITNESS our hand and seal

Date June 9, 1997 Signature [Signature]  
(3) Typed Name: ROBERT HERMAN  
(4) State of Illinois County of Lake  
Signed before me on this 9th day of June, 1997  
by ROBERT HERMAN  
Inventor

Date June 9, 1997 Signature [Signature]  
(3) Typed Name: JOHN CHAPMAN  
(4) State of Illinois County of Lake  
Signed before me on this 9th day of June, 1997  
by JOHN CHAPMAN  
Inventor

[Signature]  
Notary Public  
"OFFICIAL SEAL"  
PATRICIA A. KOPPELMAN  
Notary Public, State of Illinois  
My Commission Expires 8/29/98

[Signature]  
Notary Public  
"OFFICIAL SEAL"  
PATRICIA A. KOPPELMAN  
Notary Public, State of Illinois  
My Commission Expires 8/29/98

Date 6/10/97 Signature [Signature]  
(3) Typed Name: CHONG-SON SUN  
(4) State of Illinois County of Lake  
Signed before me on this 10th day of June, 1997  
by CHONG-SON SUN  
Inventor

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(3) Typed Name: JEAN M. MATHIAS  
(4) State of \_\_\_\_\_ County of \_\_\_\_\_  
Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
by JEAN M. MATHIAS  
Inventor

[Signature]  
Notary Public  
"OFFICIAL SEAL"  
PATRICIA A. KOPPELMAN  
Notary Public, State of Illinois  
My Commission Expires 8/29/98

Notary Public

In consideration of ONE DOLLAR and other good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, we hereby assign to BAXTER INTERNATIONAL INC. (hereinafter referred to as "assignee"), a corporation of Delaware, having a principal place of business at DEERFIELD, ILLINOIS, its successors, legal representatives and assigns, the entire right, title and interest throughout the world in our invention or improvements in

**(2) SYSTEMS AND METHODS FOR REMOVING VIRAL AGENTS FROM BLOOD**

and in the application for Letters Patent of the United States therefor, executed by each of us individually on the date(s) indicated below and any and all other United States applications and applications in any and all countries which we may file, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent of the United States or of any other country which may be obtained on any of the said applications, and in any reissue or extension thereof.

We hereby authorize and request the Commissioner of Patents to issue said Letters Patent to said BAXTER INTERNATIONAL INC.

We hereby authorize and request the attorneys of record in said application to insert in this assignment the date and serial number of said application when officially known.

We warrant ourselves to be the owners of the interest herein assigned and to have the right to make this assignment; and further warrant that there are no outstanding prior assignments, licenses, or other rights in the interest herein assigned.

For said considerations we hereby agree, upon the request and at the expense of said assignee, its successors, legal representatives and assigns, to execute any and all divisional, continuation, and renewal applications for said invention or improvements, and any necessary oath or supplemental oath or affidavit relating thereto, and any application for the reissue or extension of any Letters Patent that may be granted upon said application that said assignee, its successors, legal representatives and assigns may deem necessary or expedient, and for the said considerations we further agree, upon the request of said assignee, its successors, legal representatives and assigns, in the event of said application or any division thereof, or Letters Patent issued thereon, or any reissue or application for the reissue thereof becoming involved in interference, to cooperate to the best of our ability with said assignee, its successors, legal representatives and assigns in the matters of preparing and executing the preliminary statement and giving and producing evidence in support thereof. We further agree to perform, upon such request, any and all affirmative acts to obtain Letters Patent, and vest all rights therein hereby conveyed in the said assignee, its successors, legal representatives and assigns whereby said Letters Patent will be held and enjoyed by the said assignee, its successors, legal representatives and assigns to the end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held and enjoyed by us if this assignment and sale had not been made, and for the said considerations we hereby also assign to said assignee, its successors, legal representatives and assigns the entire right, title and interest in said invention or improvements for any and all foreign countries and the right of priority for patent and utility model applications in all countries arising under any applicable international convention for the protection of industrial property and/or any internal priority legislation of such countries, and we further agree upon the request of said assignee, its successors, legal representatives and assigns to execute any and all documents that shall be required to be executed in connection with any and all applications for foreign Letters Patent therefor, including the prosecution thereof, and to execute any and all documents necessary to invest title in said foreign applications and patents in said assignee.

WITNESS our hand and seal

Date \_\_\_\_\_ Signature \_\_\_\_\_

<sup>(3)</sup> Typed Name: ROBERT HERMAN

(4) State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by ROBERT HERMAN

Inventor

\_\_\_\_\_  
Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

<sup>(3)</sup> Typed Name: JOHN CHAPMAN

(4) State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by JOHN CHAPMAN

Inventor

\_\_\_\_\_  
Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

<sup>(3)</sup> Typed Name: SUN CHONG-SON

(4) State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by SUN CHONG-SON

Inventor

\_\_\_\_\_  
Notary Public

Date 13 MAY 1997 Signature [Signature]

<sup>(3)</sup> Typed Name: JEAN M. MATHIAS

(4) State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by JEAN M. MATHIAS

Inventor

\_\_\_\_\_  
Notary Public

Serial No. 08/742,572 Filed 10/28/1996

Name of Invention SYSTEMS AND METHODS FOR REMOVING VIRAL AGENTS FROM BLOOD

Date 12/1/97 Signature [Signature]

Typed Name: VERONIQUE MAYAUDON

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by VERONIQUE MAYAUDON  
Inventor

Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: SERGE deCHELDERE

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by SERGE deCHELDERE  
Inventor

Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: DANIEL J. BISCHOP

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by DANIEL J. BISCHOP  
Inventor

Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_  
Inventor

Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_  
Inventor

Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_  
Inventor

Notary Public



Serial No. 08/742,572 Filed 10/28/1996

Name of Invention SYSTEMS AND METHODS FOR REMOVING VIRAL AGENTS FROM BLOOD

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: VERONIQUE MAYAUDON

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by VERONIQUE MAYAUDON  
Inventor

\_\_\_\_\_  
Notary Public

Date 24 April '97 Signature \_\_\_\_\_

Typed Name: SERGE deCHELDERE

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by SERGE deCHELDERE  
Inventor

\_\_\_\_\_  
Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: DANIEL J. BISCHOF

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by DANIEL J. BISCHOF  
Inventor

\_\_\_\_\_  
Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_  
Inventor

\_\_\_\_\_  
Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_  
Inventor

\_\_\_\_\_  
Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_  
Inventor

\_\_\_\_\_  
Notary Public

Supplemental Signature Sheet  
(Joint Inventors)Serial No. 08/742,572 Filed 10/28/1996Name of Invention SYSTEMS AND METHODS FOR REMOVING VIRAL AGENTS FROM BLOOD

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: VERONIQUE MAYAUDON

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by VERONIQUE MAYAUDON  
Inventor

Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: SERGE DEGHELDERE

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by SERGE DEGHELDERE  
Inventor

Notary Public

Date 10/13 Signature D. F. BischofTyped Name: DANIEL F. BISCHOF

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by DANIEL F. BISCHOF  
Inventor

Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_  
Inventor

Notary Public

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_  
Inventor

Date \_\_\_\_\_ Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_  
Inventor